



Medication Administration Authorization
Preschool/Elementary

Directions for Parent: Please complete this form if you want BPS staff to administer prescription and non-prescription medications to your child. (Exception: reliever inhalers and Epipens). (1) One of these forms must accompany each medication to be administered; (2) One of these forms must accompany each new medication or change in dosage that may occur during the school year; (3) All types of medications must be in their original containers; and (4) As appropriate, this remains in effect through any summer school programs following the regular school year. Per District guidelines, parents (rather than children) should deliver medication to designated school personnel. Thank you!

Form with fields: Child's Name, DOB, Grade, Parent/Guardian, School/Teacher, Parent/Guardian Phone Numbers (Home, Work, Cell), Physician/Phone, Hospital/Phone.

AUTHORIZATION FOR MEDICATION ADMINISTRATION
(only if required during school hours)

Medication: _____ Strength: _____ How many: _____ Time to give at school: _____

Route (Circle One: By Mouth Inhaled/Nasal Apply to skin Apply to eyes Drop into ears Other: _____)

Instruction for use: _____

Medication side effects: _____

Other information staff should know about student and this medication: _____

AUTHORIZATION:

- I give permission to Bismarck Public School personnel to administer this medication. I understand that administration of this medication will not necessarily be done by a nurse, but by staff trained in medication administration.
I will notify the school immediately if my child's health status changes, or this medication is discontinued.
I give permission to School personnel to contact the physician as needed; and that medication/health information may be shared with staff who need to know.

I have read and understand the "Directions" and "Authorization" sections listed above (circle one): YES NO

I authorize school personnel to administer this medication to my child (circle one): YES NO

Parent _____ Date: _____